

UNCHED
VERIFIED

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO.

4209

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

1872

PLACE OF DEATH
AND
USUAL RESIDENCE

DECEDENT
PERSONAL
DATA

CAUSE
OF
DEATH
(ITEM 18)

OPERATIONS,
AUTOPSY

MEDICAL
CERTIFICATION

DEATH
DUE TO
EXTERNAL
VIOLENCE

CORONER'S
CERTIFICATION

FUNERAL
DIRECTOR
AND
REGISTRAR

1. PLACE OF DEATH A. COUNTY <u>Maricopa</u>		B. LENGTH OF STAY IN THIS TOWN <u>11 yrs</u> IN ARIZONA <u>11 yrs</u>		2. USUAL RESIDENCE A. STATE <u>Arizona</u>	
C. CITY OR TOWN <u>Phoenix</u>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <u>Phoenix</u> <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
D. FULL NAME OF HOSPITAL OR INSTITUTION <u>Veterans Hospital</u> (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)				D. STREET (IF RURAL, GIVE LOCATION) ADDRESS <u>516 E. Cheery Lynn Rd</u>	
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>John</u> B. (MIDDLE) <u>J.</u> C. (LAST) <u>Asen</u>				4. SEX <u>M</u> 5. COLOR OR RACE <u>White</u> 6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>Married</u>	
6B. NAME OF SPOUSE <u>Elenore Asen</u>		7. DATE OF BIRTH MONTH <u>Sept</u> DAY <u>28</u> YEAR <u>1893</u>		8. AGE (IN YEARS LAST BIRTHDAY) <u>68</u>	
9B. KIND OF BUSINESS OR INDUSTRY <u>Dairy</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Norway</u>		11. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
14A. FATHER'S NAME <u>Unknown</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Unknown</u>		15A. MOTHER'S MAIDEN NAME <u>Unknown</u>	
16. INFORMANT'S SIGNATURE <u>Elenore Asen</u> ADDRESS <u>516 E. Cheery Lynn Rd. Phoenix, Arizona</u>				17. DATE OF DEATH (MONTH) <u>May</u> (DAY) <u>11</u> (YEAR) <u>1962</u>	
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) <u>Coronary Occlusion</u> <u>Atherosclerosis of Arteries</u> <u>Rheumatoid Arthritis</u> <u>Secondary Anemia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 wks.</u>	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>6-19-</u> <u>1959</u> TO <u>5-11-</u> <u>1962</u> THAT I LAST SAW THE DECEASED ALIVE ON <u>4-28-</u> <u>1962</u> AND THAT DEATH OCCURRED AT <u>8:10 P.M.</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
22A. SIGNATURE <u>R. H. Gilman M.D.</u>		22B. ADDRESS <u>542 E. Cheery Lynn</u>		22C. DATE SIGNED <u>5-11-62</u>	
23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. CITY OR TOWN (COUNTY) (STATE)	
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?	
24A. CORONER'S SIGNATURE			24B. ADDRESS		24C. DATE SIGNED
25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE <u>May 14, 1962</u>		25C. NAME OF CEMETERY OR CREMATORY <u>St. Francis Cemetery</u>	
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Phoenix, Arizona</u>		26A. DATE REC. BY LOCAL REG. <u>5/14/62</u>		26B. REGISTRAR'S SIGNATURE <u>Bernard Johnston</u>	
26C. FUNERAL DIRECTOR'S SIGNATURE <u>Frederic D. Wakelin</u>		26D. ADDRESS <u>Grimshaw Mortuary</u>		26E. EMBALMER'S SIGNATURE <u>Frederic D. Wakelin</u>	
26F. EMBALMER'S CERT. NO. <u>408A</u>					